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## Original

### NOTES ON LONDON AND VIENNA HOSPITALS.

BY JOHN E. SOMERS, M. D.,

Cambridge, Mass.

#### CONCLUSION.

That Vienna is not only a great medical centre, but also a great medical teaching centre for post-graduate work has been settled beyond dispute.

Her reputation as a teaching centre has been acquired by long and able work for a period covering many years, by original work far surpassing that of London, by persistent and by completely organized effort. And, taken as a whole, as a teacher she surpasses any city in the Eastern hemisphere. The work is so organized that when you retire at night you know absolutely what you are to do the next day. Your work for the whole day is laid out for you, and by this method, and by this method only, can you accomplish sufficient work to repay you for your absence from your home, your friends, and your

practice. It has been said that a man can accomplish little unless he has first acquired a knowledge of the German language, and that much time is first expended in its acquisition before great benefit can accrue to a worker in that field. This is in part true, but not so true as it was in the days of the past. Of late years an effort has been put forth upon the part of medical teachers of the city to acquire a working knowledge of the English language, and this they have accomplished with a considerable degree of success. It is true that in some lines of work, notably that of diseases of children, a knowledge of German is almost a necessity. The statement is true also in part in relation to the study of internal medicine. Sufficient knowledge of the language is soon acquired

to frequent the post-mortem rooms with advantage to the seeker after knowledge.

In the study of the eye, I am told, the teaching is such that a man is much at a disadvantage without a fair proficiency in the language.

Clinics are taken, as a rule, to fill in time, for a man must depend more for advantageous work upon his regular courses, Kaposi's skin clinic is a favorite with the men, and it is certainly a most valuable place in which to spend one's off hours, for Kaposi is most painstaking and thorough in his work. He furnishes an abundance of material, and it is well and exhaustively handled. The Gaussenbaur and Albert surgical clinics, as well as the clinics of Kraft Ebbing, furnish opportunities not to be neglected, when one has a spare moment during the day.

The work of the post-mortem room is extremely important when your work is so arranged that you can give it the time, for the post-mortems run from five to fifteen a day. Kalisco is a most profound master of his chosen work of pathology. Usually there are two post-mortems being demonstrated at the same time. Here is a sufficiently extensive field to supply the microscope workers all the material needed. The law is such in Vienna that the medical authorities are permitted to perform, if they so desire, regardless of the wishes of the friends, a post-mortem on every patient dying in the hospital.

Chloroform is the anesthetic in universal use. The percentage of deaths in Vienna is said by Caldwell, correspondent for the Journal of the American Medical Association, to be large. I never saw any trouble from its use, although it seems to be administered in the most careless manner. They do not hesitate, for instance, if necessity demands it, to place a patient profoundly under the influence of the anesthetic in the sitting posture.

The nursing in Vienna will not compare with that accomplished by the nurses in our large general hospitals. One reason for this is that the nurses in this country are recruited from a better class than is

the case in Vienna. That, it seemed to me, was an extremely serious defect in their hospital work. I was struck by their thoroughness in the methods of teaching. Particularly is this true in internal medicine. I mean from a diagnostic or scientific standpoint. Their treatment counts for little. It is notable that many of their best men believe little in medicinal treatment. Nothnagel is said to be practically a therapeutic nihilist. It seemed to me many times that this doctrine, or rather negation of a doctrine, was carried too far. The classes taking regular courses usually consist of about six members; sometimes the class runs as high as ten, and frequently as low as one or two. It is quite possible to get the whole of any man's course for private instruction. This may be done by one, two or three men. It is always a good plan to have the number in the class as small as possible, even if it costs you more in this manner. It is also a good plan to associate yourself with some medical or surgical worker as assistant. This you must pay for, and such vacancies are all the time occurring. Once having secured such a position hold fast to it, no matter how many months you may remain there, for it not only gives you an experience in a particular line of work, but you are placed in such a position by that association that what you may want in any other line of work can be easily secured. It is well to attach yourself to some dispensary, when possible, for you might have spare time which you would wish to utilize in some given direction.

Professor Zuckerkandel gives an exceptionally fine course on bladder exploration by electric light, showing all the various morbid conditions, and also the catheterization of the male and female ureters with the electric cystoscope. The importance in many cases of being able to secure a specimen of urine from either kidney at will cannot be overestimated. One of the teachers took a class of three, even the most raw recruits, and allowed them, under his supervision, to perform all capital operations. I should fear for the safety of the patient. Hyack is now the authority

on nose and throat and gives fine opportunities to his class.

Krobach's class in diseases of women seemed to be very favorably impressed with his work. The mistake that a large proportion of the men make is in taking two many courses, and thus overcrowding themselves with the result, in many instances, of imperfect and unsatisfactory work. You will frequently see men engaged in hour and hour and a half courses from 7 or 8 A. M. to the same hour in the evening, and often later. Such an overplus of work must necessarily be imperfectly assimilated. A fewer number of courses, more clinics—which are in a sense a rest for the hard student and yet valuable—and more time in the evening to review the day's work, would, to my mind, show better results in a long series of months. The antiseptic and aseptic preparations in surgical cases are on an average very fine. There are, however, some serious objections to the work in this line. One is that it is almost wholly by the wet method. A patient whose abdomen is doused with large quantities of sterilized water preparatory to operating may be aseptic it is true, but when she lies in that water during the whole operation she may also have her life imperiled as a result of that same procedure. Wrapping the body in wet towels, many times coming directly in contact with the bare skin over large areas, is not certainly conducive to the best results. In the lithotomy position the legs and the thighs are wrapped in wet towels wrung out of corrosive solution. In such cases, as a rule, the stockings are not removed. In other words, this work, as performed by the Viennese, is very perfect, but very dangerous, for I believe that permitting a patient in a temperature as a rule not above 70 to remain during a prolonged operation in what is practically a pool of water and enshrouded with wet towels is not at least free from great risk. This, gentlemen, is not an overdrawn picture. No nurses appear during an operation. The assistants are all physicians. Gausenbauer, who by the way succeeded Bilroth, does excellent work, ham-

pered as he is by an exceedingly small operating room. He is a fine surgeon, but his methods for the production of asepsis are the same as the others.

Hysterectomy as a rule is done by the vaginal route. First, excessive care is used in the cleansing of the vagina. A very fine excelsior, kept in an antiseptic solution, is used in the vagina as a brush, so to speak. The operator takes a handful of it and moves it about, thus scrubbing the whole vaginal wall; then alcohol or ether is used, and lastly a corrosive solution. In a cancer case the paquelin cautery is used freely on the diseased surface to prevent auto-infection. The first or anterior and posterior incisions are also made in the same manner, and for the same reason. He thus reaches the abdominal cavity anteriorly and posteriorly. Up to this time no knife has been used. The anterior cut will vary in distance from three-quarters of an inch to an inch above anterior lip of cervix, the posterior about the same distance. He now ties the arteries on either side and cuts. He then has the uterus on a swivel, so to speak, and he at once proceeds to bring forward and through the anterior opening the fundus of the uterus. At the same time the cervix is pushed inward and backward through the posterior opening. The position of the uterus is, of course, thus reversed, and he at once proceeds to tie and cut from above downward on either side. By this method in many cases the operator has a better control of his work, for he can see much better what he is doing. Braided silk is used. The stump is brought down and anchored in the outward angles of the wound. The ligatures are now all cut down to about a length of two or three inches, and hang down in the vagina. Gauze as drainage is now pushed up to and through the wound. The vagina is then lightly packed with gauze. This completes the operation. This was the method adopted by Professor Latzko, whom I saw operate every day during the winter and part of the past summer. He frequently moved a pus tube, diseased ovary and ectopic pregnancy, by the same

method. In such a case the uterus, after the operation, was pushed back into its normal position, and drainage was established through the posterior opening. Pus tubes are much more common in Vienna than in any American city of the same population. In the large majority of cases where drainage of a pus tube becomes necessary and where the case is a suitable one it is done through the vagina. A large rubber drainage tube is sewed in the wound. In the abdominal section the thing that surprises one is the appalling quantities of silk which they bury in the cavity and that, too, with rarely any untoward results. The instruments and silk are kept in a large pan, in an antiseptic solution, during the whole operation. The abdomen is sewn up with a very fine silk interrupted suture, the knot cut very short. Each layer, beginning with the peritoneum, is sewed with the utmost care and the parts are coated with the most careful precision. It struck me that this part of the work was exceedingly well done. With very little variation this is the plan of all the surgeons in Vienna.

In cases of retrodisplacement in which the uterus is bound down by adhesions, and yet is somewhat movable, the plan of putting them under ether, lifting the uterus forward, tearing up the adhesions of course and after getting the organ into normal position putting in a pessary, has been tried, with about 70 per cent. of failures. Such an operation requires a considerable dexterity. One such case reported in one of the Vienna journals as a success I saw within two weeks of the report in a dispensary—an utter failure. When such cases are properly done and followed by careful and methodical massage quite a proportion will end in success. And speaking of massage in cases of antiflexion, retroflexion, retroversion, retroposition and the dextra and sinistra positions, where we would treat by tampons, in Vienna they treat by massage. When I went there I was not only a skeptic so far as regards the value of treatment by this method is concerned, but determined to remain so; however, after abundant opportunity

to watch the same cases for a long period, I am convinced that it has considerable value. Take for instance two cases exactly similar in every respect, and for three months treat the one by tampons and the other by massage. I am firmly of the opinion that the case treated by massage will show much the greater improvement. I am perfectly aware that I am not in accord with the sentiments of this meeting in this position. I am also convinced that in this country we have not sufficiently looked into the merits of this treatment.

Osteo-malacia is much more common there than in our cities. The cases usually come on from 30 to 45, and those that I saw were quite acute. Whether or not this is an indication of a physical retrogression among these people I am not prepared to state. The cervical dilators and divulsors which we use in this country are not used in Europe, and are regarded as beastly appliances, and to the last degree dangerous. They use in dilating the cervix the graduated sound. The assistant keeps the sounds in an antiseptic solution. He hands the operator a small size, which is introduced, and then a larger one, till in some cases a size nearly an inch in diameter is reached. Such a method has its advantages, for you get a perfectly circular dilatation. They have no shoulder, and this in one case that I witnessed proved them in the hands of a most dextrous and careful operator to be even more dangerous than the Goodell or any other in use in the United States. A case was sent to Vienna from another city to one of the professors with the request that he perform an abortion for excessive vomiting. She was about three months pregnant. After introducing a few sounds the large size which he was now introducing seemed to enter with difficulty. Suddenly it entered a long distance. I happened to be assisting, and I thought that uterus seems very large. He put in bullet forceps and pulled down what afterward proved to be omentum and then a knuckle of intestine. He seemed puzzled for an instant, but suddenly realizing that he was

through the fundus he instantly had the abdomen prepared and did an abdominal section. He sewed the fundus into the lower angle of the wound, sewing round and round and, shutting it off from the abdomen, he dressed it as an open wound. Of course he could, under the circumstances, empty the uterus of its contents only imperfectly. The woman made a good recovery. This only proves a long-known fact, that an accident is liable to happen to the most careful operator. I said after it was over: "I am afraid, doctor, this case is an argument in favor of our American dilators." He laughed good-naturedly.

I saw while there an operation for

a low-down stenosis of the cervix to take the place of amputation. An isosceles triangle is cut on either side of the cervix, leaving it attached by its apex. This triangular piece is now swung backward and the base, or lower part is sewed in the upper angle of the wound. The description of this operation with a case was printed in one of the Vienna medical journals, and this was one of the first that had been performed. Possibly it may be an advance over amputation.

Appendicitis work in Vienna is not equal to that of the United States. I mean that a much larger proportion of cases go unrecognized. This is indeed strange, in a city of diagnosticians.

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## CHRONIC CUTANEOUS ULCERS AND TREATMENT.

BY S. C. MARTIN, M. D.,

Professor of Skin Diseases in the Barnes Medical College, St. Louis, Mo.

The frequent occurrence of ulcers in middle life and the stubborn resistance they offer to the most skillful treatment furnish sufficient grounds for a careful examination of their pathology. Unless they are the manifestation or accompaniment of specific disease they are almost invariably seated on the front of the lower leg or behind the malleolus—parts most exposed to traumatisms and least capable of resistance to their injurious results. Varix is a leading cause in the production of this class of ulcers. The anatomical character of this region is an auxiliary factor, deprived, as it is, of adipose and cellular tissue, as well as vascularity, so abundantly provided in other parts of the body.

Thus tissues of the lower part of the leg, ankle and foot are composed

largely of skin, fascia, tendons and ligaments, bound tightly together with a meagre, and at times obstructed, blood supply, and yet they have a heavier burden to bear than any other members of the body, especially when it is erect and in motion. The return circulation has also gravitation to encounter, which retards the current and favors the development of varix. This condition is often aggravated by improper wearing apparel, such as waist bands, garters, corsets and tight shoes, so when everything is considered it is a puzzle to understand why chronic ulcer of the leg is not more common than we find it to be.

A small ankle and foot are admired, especially in females, but for a heavy body large shin bones and ankles, with feet to correspond, con-

tribute more to bodily vigor, if not to symmetry, than the former, and at the same time the comfort of the individual is materially increased. We can readily understand how weak a man would be with an avordupois of 350 pounds bearing down on feet encased in No. 6 shoes, and still the writer has witnessed this very anomaly. Non-specific ulcers of the leg may be divided into the healthy, indolent, irritable, inflammatory, phagedenic and hemorrhagic. The healthy ulcer does not need our special attention, except to emphasize the fact that all the other kinds mentioned must be converted into that form before we can hope to effect a permanent cure.

In our management of ulcers this must be kept constantly in mind. The indolent ulcer, which is a common form, is chronic, deep and excavated with ugly granulations, discharging a thin and bloody pus, with hard, shiny and irregular edges, often presenting the appearance of vulcanized rubber, not only in feel, but in color. The skin is firmly glued to the underlying fascia, and nearly always destitute of cellular tissue.

Deficient vascularity very often accounts for the slow reparative process in this form of ulcer. Its history fortunately is marked by an entire absence of pain. The treatment indicated is, first, a thorough cleansing of the ulcer with an antiseptic lotion and dusting its surface with nosophen, which is a 60 per cent. iodine compound, obtained by the action of iodine on solutions of phenol phthalein. The advantage of this preparation over most other of similar constitution is its non-toxic, odorless, dessicative, antiseptic and mildly stimulating properties, which render it serviceable in all forms of cutaneous ulceration. It is an acid, however, which will only exert its antiseptic action by being converted into a soluble form. This is accomplished by its union with the free alkali of the human secretions, lymph and blood. The conditions necessary then for its successful action are a complete removal of crusts and purulent accumulations from the surface of the ulcer. After dusting the ulcer thoroughly a pledge

of absorbent cotton should be applied, over which a small compress of nosophen gauze may be placed and kept under the uniform pressure of a properly adjusted flannel bandage. No rubber bandages should be applied, for they are always as uncomfortable as a rubber shoe, when constantly worn. The dressings usually do not require to be renewed oftener than every two or three days. Internal treatment must not be neglected; alteratives, laxatives and tonics are generally indicated. The irritable ulcer is always accompanied with pain. It presents a grayish surface, irregular, but non-elevated edges, discharging purulent matter, tinged with blood. For this form of ulcer the patient should be placed on his back with the leg elevated. We should first apply nitrate of silver solution in the strength of three or four grains to the ounce of water, with the same quantity of tannic acid added on lint; subsequently the nosophen powder may be dusted over the ulcer in thin layers, after having added to it an equal quantity of acetanilid to allay painful accompaniments. The cotton nosophen gauze and flannel roller may now be applied, as in the indolent form of ulcers. In some cases, where the pain and irritation persist, an opium lotion may be temporarily resorted to. Constitutional treatment must be governed by the requirements of the case, and is usually symptomatic. Inflamed ulcer is greatly the outcome of the foregoing forms, induced by overstimulation or mismanagement. It is marked by heat, redness and swelling, with an offensive, purulent and bloody discharge. The treatment is rest of the limb in an elevated position, antiseptic, cooling and evaporating lotions. The inflammation must be reduced before applying the nosophen, dressing or bandage, as in the other mentioned forms.

In hemorrhagic ulcers, which are generally a variety of the irritable ulcer, nosophen is particularly efficient on account of its hemostatic and soothing properties. This form of ulcer occurs mostly in females who are troubled with irregularities of menstruation. The proper treat-

ment in such cases is to correct as far as possible the conditions which occasion or aggravate the ulcer, and then pursue the treatment above outlined.

When there is a varicose complication our object should be to relieve the dilated vessels from blood pressure. To this end we should resort to the uniform pressure of the flannel bandage. In this condition the blood moves slowly, more oxygen is given off the tissues, the skin is dark and cold. The flannel bandage

furnishes the soft, equable pressure so much needed and restores warmth with comfort of the parts. The skin, where the varicose condition continues long, becomes browny and pigmented, with a tendency to degeneration. By judicious pressure the normal circulation can in a measure be restored and such results prevented.

The treatment of ulcers cannot be rigidly fixed, but may be outlined and modified according to requirements of pathological conditions.

—3408 Franklin ave.





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### SEGREGATION OR CONCENTRATION.

The old Empire State, New York, always well to the front in any scheme which is progressive, has lately adopted a measure which we feel confident will commend itself to all who have given the subject of eleemosynary institutions a careful consideration.

It is the thin end of the wedge which we trust will in the near future introduce a wide spread in necessary reform.

We gather from a valued exchange the following:

#### DEPENDENT AND HOMELESS CHILDREN AND THE NEW YORK STATE PLACING OUT BILL.

Opinions have considerably altered in regard to the desirability of orphan asylums and institutions as a means of saving homeless children. The great objection urged against them is the disadvantages of massing children together in large numbers under artificial conditions. The substitute for orphan asylums adopted in many States of this country is what is termed the placing-out system, that is, finding a dependent child a home in some respectable family. This system, when properly carried out, is without doubt in every respect a great improvement on the

old one, but unfortunately in this and other States it has been so abused as almost to become a public scandal.

The placing-out bill for New York State should in its new form commend itself to all classes, and it is to be sincerely hoped that it may become law. The first bill drawn up by the State Board of Charities met with opposition on the part of many of the philanthropic and charitable organizations in the State, chiefly on the grounds that it delegated too great powers to the State Board of Charities. As a consequence of this opposition a conference between the various charitable organizations interested in the matter was held, and the present bill, in a completely new form, was drafted, and appears to be altogether satisfactory. In the first place the bill referred to defines the term "destitute child" as meaning an abandoned orphan, or a destitute minor under the age of 16, who is an inmate of a public or private charitable institution, or is maintained by or dependent upon public or organized charity. Placing out is defined as the placing of that child in a family other than that of a relative within the second degree, for the purpose of providing a home for such a child. No person can receive such a child, nor can a corporation other than a charitable or philanthropic one place out such a child after this act becomes law, unless a license shall have been given by the State Board of Charities. No child can be placed in a family outside the State by a local officer charged with the relief of the poor. To the State Board of Charities is given the power to issue licenses to persons or corporations whom they deem proper to take care of children—no license to be granted to any person until six months after the application has been made. Such license may be revoked by the Board, subject to a right of appeal on the part of the licensee. The State Board of Charities in fact acts *in loco parentis* and appoints inspectors, whose duty it is to visit those families or corporations holding licenses. Attention is also paid to the religion of the child, as in many to the religion of the child, as in as many cases as possible the child is

placed with persons holding the same religious views as did the child's parents.

—Medical Record, April 9, 1896.

Well done, for the way to amend our present acts of hospital and orphan asylum consolidation is to end them.

It would be an enormous gain to civilization and humanity if every orphan asylum, hospital and old people's retreat were leveled to the ground.

Let the State provide for the needy, but in their own or the homes of others glad to receive them. It could probably be done for much less than it now costs. Let those who are now agitating for hospital reform demonstrate that there is no use for them, except for foreigners and pestilential diseases; that the most sanitary and salutary influences can only be found in the atmosphere of home, and for those without homes let them be farmed out to those who will be glad to accept the city or State's stipend for their care.

It has been said that the "workhouse" was the greatest curse of Ireland, as it degraded and demoralized the people.

The modern hospital is doing the same thing for us in America.

In large metropolitan cities there may be some excuse for them, but in the smaller, and in large towns, there is none whatever.

The most of these concerns are founded under the auspices of religion or philanthropy, but when the mask falls it is clear to anyone that there is neither in them.

But it may be said that the teaching of medicine without them would be impossible. Another fallacy, as everybody knows that modern clinical methods are in no manner to be regarded as valuable as the old-time preceptor, who brought his student into immediate contact with his patient, and kept him under his immediate instruction. And, further, the time is near at hand when public officials, disgusted with the unsightly scramble of medical colleges for clinical material, will sternly forbid entrance of students to hospital wards. In denominational hospitals they are now excluded.

T. H. M.

## TAMMANY AND THE DOCTORS.

The New York physicians are indulging in strong hopes that under the new regime established by Tammany many wrongs will be righted, especially in the Department of Public Charities. It will be remembered that in one fell swoop many able men who had official connection with the hospitals of the metropolis were expelled from their positions without warning or assignable cause. Reorganization demanded the overthrow of some of the best physicians in the city, but who did not happen to belong to the inner circle, and reform accomplished what appeared to be an overwhelming victory. Through successive administrations reform still held sway, and the "inner circle" still controlled the destiny of the attending physician. The manifest wrong perpetrated by such action counted as nothing; the rank injustice which ousted from prominent positions men of brilliant accomplishments in order that novices and favorites might take their places received no consideration. A certain object was to be achieved, and the victory was won despite the protests of the profession.

But, to use the classic phrase of an eminent politician, "All things come to him who waits, and who hustles while he is waiting." The profession has not been idle, and during the last campaign its members buckled on their armor and helped to change the condition of affairs.

Is it too much to expect that the physicians of this great city will now come into their own? That men who are striving to forge ahead in professional work, but who have hitherto been hampered by the difficulties placed in their path by the "reformers," will find ample opportunity to advance themselves? That the "inner circle," which has subordinated the interests of the profession in order to advance their own private affairs and institutions will be brought up with a sharp turn and made to realize that another day has dawned?

No; it is not expecting too much, and the realization of all the possibilities contained in these interrogations will soon be accomplished, or else we do not read the signs of the times aright. Nepotism has received its death blow.

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#### DISINFECTION OF ENTIRE BUILDINGS BY MEANS OF SCHERING'S FORMALIN DISINFECTOR.

On Saturday, February 12, 1898, the Schering factory, of Berlin, effected a disinfection upon the very largest scale at Potsdam. The Schering people had been asked by the Royal Buildings Commissioner Allihn to disinfect an entire hospital, which it was designed to transform into a Royal Military Orphanage.

The building was two stories high and about 70 meters (230 feet) in length. Each floor was divided into two parts by a longitudinal hall.

There were two large separate staircase buildings and about 50 rooms, amongst which were several dormitories about 25 meters in length (82 feet). The house had two fronts, both of which were provided with many windows.

The disinfection of the rooms one by one would have taken a great deal of time. It was therefore decided to disinfect the entire building at once. The cubic contents of the whole were about 6000 cubic meters (211,983 cubic feet).

The main doors were closed and all their orifices sealed; the stove openings were shut up. The windows, though of old model, closed tightly and did not require sealing. All the inside doors were opened, so as to make one room of the building. Sixty-two Formalin Disinfectors were then placed in the rooms and halls of both floors, the apparatus itself being in each case placed next to the spirit lamp. Two workmen on each floor placed the apparatuses in position and set them going. At a given signal each workman filled his disinfectors with alcohol and Formalin pastils. In all there was used 12 1-2 kilo (27 1-2 pounds) of Formalin pastils. At a second signal all the lamps were lighted, and at a third one all the receivers filled with pastils were placed upon the lamps.

Arranged in this manner, the entire manipulation occupied 25 minutes. The workmen left the building through a door left open for that purpose, without being in any way incommoded by the Formalin odor. This door was then sealed. The workmen then left.

Within two hours, as could be seen from the outside of the building, the lamps had all burnt out. As the building was not needed immediately the vapors were allowed to act for 48 hours. When the building was entered at the end of this time a very intense Formalin odor was perceptible in all parts of it.

This entire process of disinfection was so extremely simple that none of the other methods can, in our opinion, compete with it.

Disinfection of the entire building at once could hardly have been effected with the Trillat apparatus; it would have been much more expensive and troublesome, would have taken much more time, and would have required a far greater number of assistants.

The Trillat apparatus holds three liters (three and one-sixth quarts) of Formalin, producing at the most 1200 grams (two and two-thirds pounds) of formaldehyde; so that 10 of these very expensive apparatuses, which require constant supervision, would have been needed. Each single apparatus would have had to have

a separate entrance into the building for its tube.

Apart, however, from the whole complicated mechanism and the attention and care required for the use of the Trillat apparatus, and also from the much larger cost entailed by its use, it could not possibly effect such a thorough distribution of the formaldehyde vapors and so far-reaching a disinfection. The formaldehyde would only reach the interior of the building from one or more outside points, whilst the Schering apparatuses were distributed throughout the entire building. It is very evident that the formaldehyde developing from 62 centers scattered throughout the space to be disinfected is much more thoroughly and evenly distributed than when it comes from one or a few points. Besides this purely mechanical advantage, the construction of Schering's apparatus permits the formaldehyde to be much better distributed than can ever be the case with the Trillat apparatus. The formaldehyde vapors arise from Schering's lamps in a superheated state, in real gaseous form. From the Trillat apparatus they issue fairly well cooled, in the shape of a cloud. This is readily understood from the fact that they are developed under pressure, and expand and cool off when they issue from the apparatus. Their temperature, about 10 centimeters (four inches), from their point of exit from the apparatus is under 40 C. (104 degrees F.), so that the hand can be held in them without discomfort. The entire Trillat apparatus is therefore badly constructed. That the formaldehyde does not issue from it in gaseous form is shown by the fact that the ground in front of the opening is always wet. Hence in large areas there cannot possibly be a thorough circulation of the formaldehyde vapors. In smaller areas this is not so important; but for such rooms—of say, 100 cubic meters, 3531 cubic feet) area—the Trillat method is much too troublesome.

The test objects (staphylococci) placed in the building during the disinfection were, of course, found entirely sterile after it was completed.

## ANNOUNCEMENT.

It is with pleasure we announce that Dr. Louis Fischer, professor of Pediatrics in the New York School of Clinical Medicine, will edit a department in this journal on diseases of children.

The third annual meeting of the Western Ophthalmologic and Otolaryngologic Association was held in Chicago, April 7 and 8, 1898. The address of welcome was made by Dr. F. Honrotin, president of the Chicago Medical Society, who, in a felicitous speech extended to the members the hospitalities of the city of Chicago. Dr. A. Alt, of St. Louis, Missouri, responded for the Association. The annual address was then read by the president, Dr. B. E. Fryer, of Kansas City, Mo. After the usual routine business had been concluded a scientific communication was then read by Dr. Herman Knapp, of New York City.

The ophthalmologic and otolaryngologic sections each held five separate and two joint sessions, many articles of interest being read and discussed. The last joint session was occupied with the exhibition of clinical cases.

The committee of arrangements, of which Dr. J. E. Colburn, of Chicago, was chairman, was unremitting in its attention to the guests, and nothing was spared that would contribute to the entertainment of the visitors. Thursday evening the members were invited to the hall of the Chicago

Athletic Club, where a special programme had been arranged for the entertainment of the members.

The following officers were elected for the ensuing year: President, Dr. J. Elliott Colburn, of Chicago; first vice president, Dr. W. Scheppegrell, of New Orleans; second vice president, Dr. Casey A. Wood, of Chicago; third vice president, Dr. H. Gifford, of Omaha, Neb.; treasurer, Dr. W. L. Dayton, of Lincoln, Neb.; secretary, D. F. M. Rumbold, of St. Louis, Mo.

New Orleans was unanimously selected for the next meeting, which will take place just before the Mardi Gras of 1899, thus allowing the members to conclude their scientific session with the gayeties of the carnival season.

## MEETING OF AMERICAN MEDICAL PUBLISHERS' ASSOCIATION.

The fifth annual meeting of the American Medical Publishers' Association will be held in Denver, on Monday, June 6, 1898 (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as everyone interested in medical journalism, cordially invited to attend and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the programme contributors should send titles of their papers at once to the secretary, Charles Wood Fassett, St. Joseph, Mo.





## Clinical Medicine.

In charge of DR. J. J. MORRISSEY.

### THE SPREAD OF PHTHISIS.

Fligge (Deut. Med. Woch.) maintains that the chief point in the prevention of phthisis has of recent times centered in the prevention of the drying of the sputum. There is, however, no evidence to show that the healthy individual acquires phthisis through breathing dry sputum dust. Cornet showed that the dust in rooms inhabited by phthisical patients could induce tuberculosis when inoculated into the peritoneal cavity of guinea pigs, but it is not proved that this bacillus-containing dust really exists as atmospheric dust. Nearly all experiments in which it has been attempted to induce tuberculosis in animals by the inhalation of dry sputum dust have failed. It has only succeeded when there has been some lesion of the respiratory tract. On the other hand, the disease can be produced with certainty by making animals inhale finely divided drops of infected fluid sputum. Whether the tubercle bacillus can be carried along in a living state in dust in weak atmospheric currents is doubtful. It has been shown in the author's laboratory that tubercle bacilli in the finest dust cannot be carried along as readily as other microbes, staphylococcus, etc. The danger then of infection by atmospheric dust obtained from dry sputum is not only not proved, but is improbable. The author draws attention to the infection being conveyed by finely divided fluid sputum, as produced by coughing. These minute particles can be carried along in a weak atmospheric current. The patient with phthisis may contaminate the surrounding air with minute particles of sputum containing tubercle bacilli. The production of these fine particles of moist

sputum must depend upon the frequency and character of the cough and the abundance of the sputum and mouth secretions. Those who cough violently and frequently with open mouth most often infect the surrounding atmosphere. Those in the constant presence of phthisical patients run the most risk. The author thinks that the danger of infection by the finely divided sputum is not as great as it might appear to be, and that it can presumably be avoided by attention to a few simple details. This is in keeping with experiments carried on in the author's laboratory. The mouth secretions of the phthisical should be examined, as these lend themselves better to fine division than the sputum itself. If these views are correct much the greater danger lies in the existence in the atmosphere of a more fleeting contagion than would be the case with infected dry dust.

(This is a most important communication and weighty with valuable theories concerning the communicability of tuberculosis. We say "theories" advisedly, for until these statements can be substantiated by a large number of observers working along the same lines we must withhold our opinion concerning their truth or falsity. On the other hand, it is well for us to know that it is only by the subcutaneous injection of infected dust that the susceptibility of guinea pigs declares itself, and not by direct contact with the various portions of the respiratory tract.

Heretofore it has been held that inhalation of the tuberculous dust was sufficient to produce tuberculosis, but the above described experiments would seem to revolutionize our ideas on this important subject, that it is not the infected dust, but

the finely divided sputa, and moreover the territorial range of the latter seems to be limited.

It is along these lines of experimental investigation that we can best arrive at the solution of the problems offered in the propagation of phthisis. It is a field which offers an inexhaustible territory to the patience and skill of the scientist, for there is no disease so widespread in its ravages, and the discoverer of its cure will be placed among the benefactors of humanity.) J. J. M.

#### ERGOT AND QUININE.

In the practice of a limited number of obstetricians the use of quinine as an oxytocic has largely superseded the administration of ergot, and yet it is a remarkable fact that very many practitioners still deny its beneficial activity. Given in doses of five grains for two or three successive doses, where the uterus seems to require additional stimulation, it acts readily and efficiently. And even in those, or larger doses, it does not seem to produce cinchonism, all of its effect apparently being concentrated in strengthening the uterine contractions. It is more in the quality of its power than in the quantity that its best effects are produced, as it permits of the natural periods of relaxation. Unlike ergot, quinine does not cause tetanic contractions and may be given at any stage of labor, while the true sphere of ergot lies in being administered after the second stage has been completed. Quinine is particularly applicable in primiparae, where the tedious and exhausting first period of labor has completely used up the mother's power of further expulsion. Here it can be given freely, and it appears to give tone to the weakened uterine muscle, frequently obviating the use of the forceps.

In cases of abortion, where there is bleeding, no pain, os uteri closed, ergot in small doses may be administered, its hemostatic action generally accomplishing the desired result. But when actual labor has begun quinine will be found more serviceable.

During pregnancy quinine will not produce abortion unless the uterine muscle has begun to contract. The latter appears to be an indispensable condition for the favorable action of the former. It is not safe to advise quinine where the first symptoms of abortion have declared themselves.

Quinine may be then used safely (1) where labor has begun and the pains are exhausting, but without force. (2) It is especially advantageous in primiparae, where this condition is particularly well marked. (3) It appears to exercise a tonic effect upon the uterine muscle, imparting strength and force to its contractions. Ergot, on the other hand, is useful (1) as indicated above in cases of threatened abortion, (2) in post-partum hemorrhage, and (3) in uterine subinvolution. J. J. M.

#### BACK NUMBERS.

Carron oil, iodoform and picric acid are back numbers in the treatment of burns. Carron oil possesses no antiseptic qualities whatever, while iodoform, owing to its strong and toxic effects and odor, is very objectionable to the patient, and in some cases dangerous to use.

In regard to treating burns with picric acid, its disadvantages are: Staining the hands and bed clothes and its utter uselessness in allaying the inflammation or assisting in granulation. Then again, Waither, in the Gazette, Hebon de Medicine et de Chirurgical, reports a case of two children he treated for burns with compresses of picric acid, in which there was much pain, severe smarting and vomiting. A second application was made with same result, and this mode of dressing had to be discontinued.

In Unguentine we have a thoroughly antiseptic, healing and restorative dressing, non-toxic, inodorous and clean. It readily subdues inflammation and assists in granulation and was used in the hospital barracks at Key West, Fla., where the wounded soldiers of the Maine were sent for treatment from Havana.

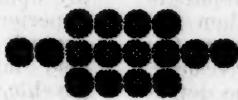
### PNEUMONIC ENDOCARDITIS OF THE PULMONARY VALVES.

Kerschensteiner concludes a study of this subject after relating an interesting case. He first refers to the researches of Netter, Weichselbaum and others. He says that pneumonic endocarditis is not very infrequent. A malignant endocarditis arising in connection with pneumonia may be caused by (1) the pneumococcus, and (2) the strepto and staphylococcus. These different forms of the disease are differentiated by the course, temperature, curve and complications. The course of a true pneumonic endocarditis is much shorter than that of a streptococcus endocarditis. The disease in the author's case only arose a few days before death. Here there were no characteristic symptoms of the endocarditis, but a systolic murmur was heard on the fourteenth day of the disease, the crisis having taken place on the tenth. This murmur was heard the day after the diagnosis of meningitis was made, but a general infection with the pneumococcus was believed to exist on the twelfth day of the pneumonia. When malignant endocarditis is due to the pneumococcus the fever is usually continuous, whereas in the other forms it is intermittent. Infarcts and metastatic abscesses are very rare in pneumonic endocarditis, but are usually found in the endocarditis produced by the pyo-

genic microbes. Pneumonic endocarditis is more easily recognized when there is no meningitis, and when it is consecutive to an acute pneumonia. It was a striking fact that there should have been such marked changes in the pulmonary valves in this case, and yet so little evidence of it during life. The bacteriological examination of the blood was negative in this case. Malignant endocarditis is now looked upon as a localisation of a general microbial infection. Here the endocarditis was an expression of the pneumococcus infection, which may be called a pneumococcemia. If, as in the case of the gonococcus, the invasion of the microbe occurs by a definite channel, the nature of the ensuing endocarditis may be readily recognized. Perhaps in the future it will be possible to differentiate the various clinical pictures produced by the different microbes in malignant endocarditis. Pneumonia, endocarditis and meningitis present a characteristic trio of lesions in pneumococcemia.

—Munch. med. Woch., August 3, 1897.

For family or medicinal use there is none better than the Jesse Moore whisky, either Bourbon or Rye. In cases or bulk. Jesse Moore, Hunt Co., Louisville, Ky., or L. Heineman, agent, Jamestown, N. Y.



## PEDIATRICS.

In Charge of Dr. L. FISCHER.

### ENURESIS AND ADENOID VEGETATIONS.

BY LOUIS FISCHER, M. D.

One of the most disagreeable afflictions of infancy and childhood is certainly bed-wetting. This is a very frequent occurrence in both sexes. To properly determine the course of treatment we wish to pursue it is absolutely necessary to find the cause and if possible seek to remove it. It is therefore advisable to examine the urine and see if any abnormality exists; for example, diabetes mellitus or the possibility of a chronic nephritis must not be forgotten. Then the atonic conditions dependent on the weak functioning sphincter vesicae, or the imperfect action of the detrusor urinæ. Where the former-mentioned condition, "atonic, or the weakness (sphincter vesicae) exists there is usually also enuresis diurna. If a constant enuresis exists, as well by day as by night, the necessity of having the child properly examined for the existence of stone (lithiasis vesicalis) must not be overlooked. We

frequently find this stony following an attack of typhoid. In fact, I have where the urine had involuntarily escaped through the perineum for 23 years. The section of the cicatricial urethra was completely dissected away and the healthy ends united. Recovery was primary and complete.

The author above quoted ascribes the paralysis of the left limb to injury of the great sciatic nerve, but in my opinion this was an error. My experience has been that in these cases it is quite invariably reflex, as also many of those troublesome psychic disturbances evidently are. It is well known that of late years "septic infection" is held responsible for it, but we cannot well have septic infection without sepsis. And in many of the most marked states of nerve derangement attending or following catheterization there is no fever and no suppurative lesion.

On the contrary, in many who suf-

fer from the most pronounced mental derangement while a catheter is engaged in the urethral canal, at once on its removal the mind clears up and consciousness is early regained. In the class of cases under consideration a few things are necessary to observe, that, at least, we inflict no harm in trying to give relief. First, let us see to it that everything employed is aseptic; secondly, let our manipulations be gentle, and lastly, never employ pulmonary anesthetics.

Local cocaineization is permissible, but caution must be observed that we do not so annul sensation that undue force is employed without the patient's knowledge. The practitioner assumes a grave responsibility in the management of these cases, as the results of their treatment depend quite entirely on his discretion, skill and judgment.

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#### A NEW CLINICAL SYMPTOM OF SCARLET FEVER.

Mr. Meyers reports (*La Presse Medical*) March 5 a series of cases that came under his observation at the Hopital de la Porte D'Aubervilliers during 1897. He observed a slight paralysis of the upper extremities, with frequently only numbness of the hands. At times instead of a numbness only a pricking sensation was reported, which was located in the palmar surfaces of the ends of the fingers, or in the palm of the hand. It was rare in the feet, but if present was found at the same time as in the hands. It usually appears at the time when the eruption first appears, quite frequently with it and rarely before it. The duration of this sensation is variable, sometimes lasting only a few minutes and other times for a long time. In cases of abortive scarlatina this symptom may aid in the diagnosis. It may also aid in the diagnosis of the abortive form of scarlatina and also be of use in the retrospective diagnosis in patients who do not have the eruption, in whom desquamation is fugacious, or very late. The author states that he has never met this symptom in other eruptive diseases. It is absent

in diphtheria and in drug eruptions (erythema) notably in mercurial eruptions.

L. F.

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#### DOSAGE OF DIPHTHERIA ANTITOXINE.

Edwin Rosenthal, M. D., of Philadelphia (*Philadelphia Medical Journal*, April 9, 1898) reviews the dosage of diphtheria antitoxine. This author's views are based on an extensive experience, especially with the most malignant cases seen by him in consultation practice. He is well pleased with Mulford's Antitoxine, and advises the following doses: He believes that the first dose should not be as large as the second and advises that the system be given time to gradually acclimatize itself to the tolerance of this new serum. He says: "I cannot conceive that the use of enormously large doses at one time is in any way superior to the method of gradually increasing the dosage. Above the age of 2 years the initial dose should be 2000 units, and who exhibit any degree of malignancy or laryngeal or nasal or lymphatic involvement. After this first dose we should gradually increase the dose per day, as 2000, then 3000, then 4000, and so on. It is in the severe forms that we find this rational method of such good service, as the writer can testify.

L. F.

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#### ADVICE ON TREATMENT OF INFANTS.

Hugo Neuman, M. D., of Berlin, in a recent paper, read before the Berlin Medical Society, gives a few valuable points which are worth repeating. He chooses to call his title "Excessive Treatment of Babies."

1. I do not bathe the infant for the first time until the umbilical wound has healed. Remember that the vernix caseosa is aseptic.

2. Avoid too much rubbing and scrubbing of the infant's mouth.

3. Refrain from scarifying the gums with the idea that dentition is a pathological process.

L. F.

## CLINICAL SURGERY AND SURGICAL PATHOLOGY

In charge of T. H. MANLEY, M. D., New York

### TRAUMATIC RUPTURE OF THE URETHRA.

M. Loumeau (*Malad. Des Voies Urin*) records an interesting case of rupture of the urethra from a fall astride a ladder. The author notes that since Guyon's plan of treatment has been established it is generally understood now that in all these cases the perineum must be freely opened to decide how to use the forceps, and the ends brought into place and retained by sutures.

His patient was a young man, who sustained injury at 8 in the morning. Great pain immediately followed, with vesical tenesmus and urinary leakage into the cellular tissues of the urethra. A physician was called, when ineffectual efforts were made to pass a catheter. At 4 the same afternoon M. Loumeau was called.

Recognizing the grave character of the condition he advised an immediate operation. At 6 in the evening the perineum was divided. It was now discovered that there was a complete laceration through the urethra, the divided ends being separated about five millimeters.

These were seized and brought into apposition and sutured with cat-gut. The surface wound was then completely closed.

After this a No. 18 Nelaton catheter was introduced and secured into position.

There was but little reaction. On the fourth day the catheter was spon-

taneously expelled. On the fifth day after catheterization some blood issued from the urethra. This was followed by urinary fever and a separation of the edges of the perineal incision.

Now a catheter was fixed in position, some of the urine in the meantime escaping from the perineum, but in one month the secondary union was perfect.

About three weeks after operation he was seized with paralysis of the left limb. After three months he had entirely recovered.

The author believed that the paralysis of the limb had succeeded in consequence of an injury to the sciatic nerve, sustained at the time the urethra was crushed. The patient ultimately completely recovered full use of the urethra without stricture.

**Note.**—The above interesting case belongs to a highly important class of urethral lesions. Some years ago the writer called attention to them in an essay in the *Annals of Surgery*, and showed that there were essentially two classes of cases of urethral rupture from violence, viz., the incomplete and complete. This distinction is important to make for the reason that in the former the perineal incision is not necessary, while in the latter it is invariably imperative. When one has sustained a severe contusion or laceration of the urethra, and a catheter can be gently passed through, the rupture is in-

complete and the urethral impediment will yield to simple, tentative remedies.

On the contrary, when rupture is complete no catheter can be passed, the urine is projected into the loose perineal and scrotal connective tissues, urinary fever sets in early, the constitutional disturbances are grave, gangrene and sloughing follow. The continuity of the urethra has been destroyed and thereafter, in the event of recovery, urination is entirely through a perineal fistula. The leakage is almost constant, and a most distressing state follows. In one instance the writer treated a case frequently found this condition to exist after a severe attack of diphtheria, or even following severe forms of any infectious disease.

This has been frequently reported where myelitis has existed. Other causes—congenital phimosis, preputial adhesions, stricture of the urethra, irritations from worms (ascarides), fissures of the anus, vulvitis and also onanism—must not be forgotten. A concentrated urine loaded with phosphates and lithiates can easily cause irritation and eventually bring on this enuresis. Adenoid vegetations have been accused of causing this trouble. It is interesting to note that Henoch does not credit all the reported cases of enuresis being brought on by reflex irritation of adenoid vegetations. It is our good fortune to have watched over 100 cases in the large children's service at the German Poliklinik and to have rarely seen a child that was brought for the relief of a troublesome enuresis that did not have the post-nasal spaces filled with adenoids.

I have seen several cases recently that have been suddenly cured after the adenoids have been removed, so that to my mind some causal relation does exist. It is of the utmost importance to locate where feasible the cause of this neurosis, and if it is due to organic lesion to try and eliminate it at once. The treatment of ascarides or oxyuris need only to be referred to, and where phimosis exists such treatment must be given which will remove this abnormality. Tumors of the bladder can only be diagnosed by proper cystoscopic ex-

amination and should be made if other symptoms point to the existence of this lesion. The surgical treatment must then be considered. The treatment is very simple:

First. If one of the above-mentioned conditions exist seek to remove it. Secondly. Modify the child's health by giving good supporting diet—milk, beef broths, highly nutritious cereals, eggs and fruit. Stop all alcoholics; in fact, I prefer not even coffee and tea, and insist on giving the heaviest meal at midday and the lightest meal at night. Have the child's bladder emptied before retiring, and see to it that the child does not receive liquids before retiring. Have the foot of the bed elevated if possible. It is a good plan to have a large knot tied over the child's back by taking a large bed sheet and tying it around the child's waist so that the knot is made in about the centre of the back. This will annoy the child when suddenly awaking and will do some good toward having the child sleep on either side. Some authors advise having a stout brush with bristles tied over the back so that the bristles will awaken the child if it happens to accidentally lie on the back. These mechanical contrivances have seldom in my opinion done any good. My success has certainly been by giving strychnia, a child 1 year old receiving 1-100 of a grain, t. i. d. In conjunction with strychnine I invariably advise electricity. In boys I apply one electrode to the perineum, the other into the rectum. My preference is for a mild galvanic current. In girls it is easy to introduce the one pole into the rectum and the other (small electrode) into the vagina, without hurting the hymen. I have very rarely seen the case that could not be modified in several applications of the galvanic current in intervals of three or four days, each application lasting about two to five minutes.

#### CONTUSION OF CAROTID ARTERIES.

Rivit reports a similar case to that already recorded by Verneuil, of accidental contusion of the carotid ar-

teries ending fatally. The patient was knocked down on the railway and the upper right part of the thorax caught between the wheel and the rail. The patient did not lose consciousness, but when in the hospital was able to describe the accident. The right clavicle was fractured, and there was an enormous sanguinous effusion in the same locality. The upper four or five ribs were fractured in the dorsal region. The left clavicle was intact, and a simple ecchymosis extended up the neck. In turning over on his back the patient suddenly became paralyzed, speech was lost, the mouth drawn to one side, tongue could not be protruded, the right arm and leg were paralyzed. Tactile and thermic sensibility retained, no ptosis. After several minutes no lesion indicating intracranial hemorrhage, but After several minutes syncope supervened. There was no lesion indicating intracranial hemorrhage, but no pulsation was evident in the left carotid, facial or temporal arteries. Thrombosis of the left carotid artery was diagnosed. The next day sensation was lost on the paralyzed side. He could swallow, but passed water involuntarily. Death ensued the same morning. The necropsy revealed a small circular zone of ecchymosis surrounding the common carotid 2 cm. below the left clavicle. Corresponding with this was found rupture of the middle and inner coats of the vessel, the torn parts forming a valve, on the rough surface of which was a clot adherent and extending as far as the external carotid. The brain showed no visible alteration. There was no thrombus or embolism. In cases presenting apparent symptoms of cerebral lesions the lateral regions of the neck should be explored, as injury to the carotid may give rise to all the ordinary signs.

—Sem. Med., March 9, 1898.

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Jesse Moore Old Kentucky Bourbon or Rye Whisky is a standard of excellence; pure, old and ripe. Send for samples and prices. Jesse Moore, Hunt Co., Louisville, Ky.

#### A HINT ON THE TREATMENT OF RENAL CALCULI.

There is a certain class of renal calculi in which much benefit is derived from the internal administration of antilithic remedies. These are cases where the calculus has not reached any considerable size and is composed for the most part of uric acid. The demand for a remedy that will disintegrate concretions of uric acid in the kidney and facilitate their elimination in the urine has, however, been only imperfectly realized by the alkalies which have been chiefly employed for this purpose. While alkalies, especially lithium salts, undoubtedly exert a solvent action upon uric acid, this is not sufficiently marked to render it likely that they will dissolve stone in the kidney. A much more promising remedy seems to be Lycetol, which has a specific solvent action upon uric acid, as shown in the decided increase in the quantity of this substance excreted in the urine after its administration. Lycetol is also well adapted for prolonged use in renal lithiasis, since it is extremely pleasant to take and does not disturb the stomach. Dr. James H. Taylor, of Indianapolis, writes that in cases of renal calculi he has employed this preparation with very gratifying results, and others are equally positive in their statements regarding its value in all forms of the uric acid diathesis.

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#### WHAT OPERATION CAN DO FOR CANCER OF THE TONGUE.

Butlin (British Medical Journal, February 26, 1898) reports a series of 102 cases of cancer of the tongue. He says it has not been his custom to remove the entire tongue as a routine operation in every case of cancer. In only one of his successful cases was the entire tongue removed. In the complete group of 102 cases the entire tongue was only removed 16 times, and an analysis of these 16 cases shows that four of the patients died of the operation, and two of these shortly after their return home, and that five suffered from recurrence in situ, and that only one case can have claimed to be cured.

The question of the removal of the

entire tongue is one of considerable importance. The operation, to say the least, is dangerous, the patient is cruelly maimed, his speech is very defective; he has difficulty in taking solid food, he suffers from a collection of mucus and saliva in the mouth, and if his occupation depends on speech, even in a moderate degree, he is forced to abandon it. There is ample proof that a removal of a portion of the tongue is sufficient to cure a considerable percentage of patients, and to save a much larger percentage from recurrence of the disease within the mouth.

In the removal of the tongue the author aims at removing the cancer with three-quarters of an inch of apparently healthy tissue around it in every direction.

In many instances the lymphatic glands were found enlarged, within a few weeks of the outbreak of the primary disease.

About 90 per cent. of the cases can be successfully treated by operation with but little fear of recurrence in situ, but of these 90 persons 30 will die of affections of the glands in the neck. In order to avoid this secondary recurrence the author advises the removal of the lymphatic glands of the neck at the time of operation, whether they be obviously enlarged or not.

A careful study of the cases shows that the lymphatics of the tongue are so disposed that they may pass through one or more of four groups of glands—(1) the submental group, (2) the submaxillary group, (3) the parotid group, (4) the carotid group.

With these groups of glands in mind the author, as a routine treatment, removes all the glands in the anterior triangle of the neck, including the submaxillary salivary gland. The dissection is commenced below and carried upward, and the large vessels are exposed for a considerable distance. This dissection, the author states, requires from an hour to an hour and a quarter. As but few of these complete operations have been performed, the author as yet is unable to draw conclusions as to its ultimate value.

### THE SURGERY OF THE STOMACH.

At a meeting of the French Academy of Medicine, held on February 8, M. Doyen gave his experience with regard to the result of 146 cases of surgical operations upon the stomach. Of these 66 were malignant and 80 non-malignant. There were 22 deaths in all, and 20 of these were in cases of cancer. Of his last 55 cases 50 were successful, five of the patients being in extremis when they came under treatment. Gastro-enterostomy is a proper treatment for dilatation and ulcer with or without hematemesis. Roux's method is the only satisfactory one; it avoids all danger of infecting the peritoneum. M. Doyen makes use of the lever compression forceps, which were originally made for compressing the pedicle of ovarian tumors. Recovery is undoubted in cases of serious dyspepsia or when there is ulceration without pyloric stenosis. The patients eat like everybody else, and are quite unaware they have a stomach. The operation is also of great use in patients who apparently suffer from intestinal dyspepsia; hematemesis ceases after its performance and the biliary function is re-established.

—Medical Record.

The Worshipful Company of Skinners has voted \$5000, the cost of opening vacant wards and building new out-patient rooms, to the City Orthopedic Hospital, Hatton Garden.

—The Medical Press.

### RADICAL OPERATION FOR FRONTAL SINUS DISEASE.

Mr. Ernest Waggett showed a patient on whom he had performed Luc's operation five weeks previously for right frontal sinus suppuration of many years' standing. The skin incision followed the line of the eyebrow, and the trephine hole was made immediately above the superciliary ridge. The sinus was completely cleared of all the mucous membrane, which was throughout polypoid and bathed with pus. Attention was drawn to the advan-

tages of carefully suturing the periosteum over the trephine hole and of removal of the anterior end of the middle turbinate. From the first the cavity was irrigated by passing a fine flexible tube up through the drain tube. The latter was removed on the thirteenth day. No pus had been seen since the operation, symptoms were absent, no depression of the bone could be detected, and the skin scar was unnoticeable.

Dr. Herbert Tilley thought that the case was a good illustration of

the value of the incision through the line of the eyebrow, for the resulting scar was scarcely noticeable. He mentioned this because one authority on frontal sinus disease had maintained that an edian vertical incision should be made in every case, whether the symptoms were uni or bilateral. Mr. Waggett's case was at least the second or third which had been before the society, and in which the value of the supra-orbital incision was very evident.

—The Laryngoscope.



## Current Medical Literature.

### OBSERVATIONS UPON THE TREATMENT OF SOME CASES OF NEURASTHENIA.

BY JEROME K. BAUDUY, M. D., LL. D., St. Louis, Mo.

That chalybeates, more especially the organic salts of iron, constitute an essential indication in the successful treatment of some cases of neurasthenia, especially in the female, where functional menstrual derangements exist, is to my mind an indisputable fact. They produce conditions, oftentimes not attainable by the inorganic preparations for many reasons, which experience and reflection clearly demonstrate.

In a recent clinical study of this affection my conclusion, as above stated, is fully justified and corroborated by the microscopical blood examinations conducted by my esteemed and skillful friend, Dr. C. Fisch. That cerebro-spinal anemia is a frequent important concomitant, if not an essential etiological factor of neurasthenia, I hardly think admits of cavil.

The clinical histories of appended cases were compiled by my son, Dr. Keating Bauduy, chief of the Neurological Clinic at St. John's Hospital, under whose direct supervision the investigations were conducted. That the ratio, or number of red blood corpuscles, and the percentage of hemoglobin were deficient in the normal standard of these cases, prior to the treatment, is incontestable, as shown by the microscope. That several of the cases to be enumerated showed

marked improvement, even after one or two weeks' treatment, is moreover revealed in the same manner, and which for rapidity of effect is quite an exceptional, if not a startling therapeutic result, when compared with some of the prior and more established methods of treatment. That many of these cases presented unmistakable evidence of satisfactory improvement, from both a subjective and objective standpoint, was quite as notable as the permanent character of their general amelioration. That the ordinary tonics had in some instances been administered with nugatory results, while pursued along the old lines of authoritative medication, seems quite manifest.

My only explanation of the surprising results in the cases herein cited, where the usual official class of remedies had formerly been ineffectually essayed, was the superinduction, as is so frequently the case of disturbed digestion and assimilation; results but too familiar and disappointing to professional experience. Aside from the disturbances just mentioned the development of headache, constipation, etc., frequently obviate their further administration.

When a few years ago my attention was called to Gude's preparation of "Liquor Mangano-Ferri Peptonatus, Gude" (Pepto-Mangan) so extensively used and highly extolled in Germany, with my usual antipathy

for new remedies I reluctantly gave it a trial, anticipating that I would necessarily have to combat the usual disappointing effects of most of the other preparations of iron. The results, however, were indeed a surprise to myself, for the concomitant deranging sequelae were so slight, that but in very few instances in my extensive utilization and experience with this special pharmaceutical preparation was I obliged to discontinue it. My experience having led me to believe that iron and manganese in combination are both indicated in the vast majority of cases of neurasthenia, this particular remedy, I am now convinced, will prove a great boon both to the patient and the physician. While it is maintained by some that in the hemoglobin of the red blood corpuscle manganese is present, as well as iron, I have for many years procured results with a combination of both, not directly obtainable with one alone. We know, however, that manganese gives off oxygen to a greater degree than iron, and it has been argued that for this reason its internal exhibition might correspondingly increase assimilation.

Dr. Fisch's appended microscopical report shows that the increase in the percentage of hemoglobin in many of this series of cases is far in excess of the proportionate increase of the red blood corpuscles. This fact I deem of greater importance as to the effectiveness of the medicine, because the count of the blood corpuscles is to a certain extent relative, and the size varies greatly in different cases, and for other reasons the same amount of blood plasma contains different numbers of red cells; hence I would particularly lay stress upon the proportionate increase of the hemoglobin as the more important factor. The notable and astonishing improvement of these cases, when placed upon this preparation, led me to their closer scrutiny, as well as microscopic observation. Before concluding I wish particularly to call attention to the fact of the absence of digestive disturbances and necessary consequent interference in the assimilation. All

other unpleasant complicating results were notable by their absence. Of course we do not consider the remedy applicable to cases of lithemic neurasthenia, nor in any manner a specific in any variety of neurasthenia. In many cases the addition of arsenic and strychnia greatly increases the inefficacy of the preparation. I must also take cognizance of the salient fact of the rapidity with which a large number of female neurasthenics, under our treatment, who have suffered with marked functional menstrual derangements, have attained a normal condition under the administration of this most elegant combination of iron and manganese.

#### DISCUSSION.

Dr. Stoffel—I would like to ask Dr. Bauduy whether he does not think the dieting of patients and placing them in hygienic surroundings had not as much to do with the results as his medicine?

Dr. Fairbrother—I would like to ask another question. If this "Pepto-Mangan" is not in the class of proprietary medicines?

Dr. Keating Bauduy—I will endeavor to respond to the questions propounded. Dr. Stoffel wants to know if the dietetic and hygienic measures alone being adopted would not have effected a cure in the cases reported. I will state that in many of these cases we have tried other preparations of iron and with rather negative results; and in all these cases we have observed hygienic and dietetic indications without obtaining these remarkable improvements. Now I do not wish to be understood that this remedy is a panacea; I merely give you the data and clirical facts, and the results of the microscopic investigation, and you can take them for what you believe them to be worth.

I will answer Dr. Fairbrother by saying that I presume that this is a proprietary remedy, but I use a good many other proprietary preparations. I use antipyrine, and I suppose the Doctor does; I use phenacetine, sulfonal and other such proprietary remedies, and I will tell you candidly,

gentlemen, that I use whatever I find benefits my patients. Of course I do not propose to use nostrums or remedies of which we know nothing about their composition. But the Gude preparation of iron does not belong to this class; a great many gentlemen here use it; I use it because it is the best remedy that I have obtained for the treatment of these cases.

Dr. Johnston—There is no iron in it; is there, Doctor?

Dr. Keating Bauduy—Yes, sir; there is iron in it; in the form of a peptonate of iron.

Dr. Jerome K. Bauduy—One salient feature of this paper which has not been brought out as prominently as it might have been, on which I wish to lay particular emphasis, is that, whether it be a proprietary remedy or not matters not, provided it cures our patients. It is our business to cure our patients, it matters not by what means. But the point is this, that it is my opinion, based upon observations in these cases, that we have not paid sufficient attention to the organic salts of iron; in other words, that the other preparations of iron do not produce the results that these organic preparations achieve. For years the combination of iron and manganese I have used in daily practice. I have used a great many of these preparations and the great point has been to obtain one which is assimilable, that is elegant and that will not produce anorexia and other gastric disturbances. Now, with the organic salts of iron we have had startling results, and I intend to use them as long as they benefit my patients. I do not wish to be understood by the neurologists and others present as saying that this is a proper remedy for all cases of neurasthenic and anemic cases described, especially in women suffering with menstrual irregularities, especially those accompanied by hemorrhage. I simply want the gentlemen to judge by the results. "Facts speak louder than words." "Fecita non verba."

—Medical Review, March 12, 1898.

#### NOTE ON THE POISONOUS ACTION OF CREOSOTE AND GUAIACOL AS COMPARED WITH CREOSOTAL AND GUAIACOL CARBONATE.

BY DR. W. HESSE, of Dresden.

(Translated from the *Deutsche Medizinische Wochenschrift*, 1898, No. 5.)

At the session of the Society of Charite Physicians, of Berlin, held on May 20, 1897 (*Berliner Klinische Wochenschrift*, 1897, No. 49), Dr. P. Jacob reported on the favorable results that he had gotten from the use of creosotal in the phthisical cases of the First Medical Poliklinik. In the discussion that followed it was stated by one member that creosote itself was of at least an equal value with creosotal, and that one case under his care had stood daily doses of eight grams (two drachms) for many months. It appears that such large doses of creosote have been used recently in a number of cases. Such carelessness in the use of the poisonous creosote induces me to record certain experiments that I have recently made, and which have a bearing upon the subject. The results of these experiments lead me to make the statement that the administration of such large doses of creosote is a decidedly risky matter.

1. On November 10 of this year a dog weighing six and one-quarter kilograms (13 3-4 pounds) was given 10 grams (two and one-half drachms) of creosote in gelatine capsules. Five minutes later the animal became stupid and relaxed. Then it fell down and could not rise again. It became senseless, and the twitchings of the limbs, lips, and ears appeared. There was no reaction of the lids, the breathing became rattling, and 20 minutes after the administration of the first capsule death occurred without any other special symptoms. The autopsy showed an acute gastro-enteritis (stomach badly cauterized, small intestine violently inflamed), and edema of the lungs in consequence of cardiac paralysis.

2. On the same day the attempt was made to give a dog weighing nine and one-half kilograms (21 pounds) 16 grams (four drachms) of creosotal. It was only found possi-

ble to administer three grams (three-quarters drachm). The general condition of the animal was not disturbed in the least by the dose.

3. On November 11 sixteen grams (four drachms) of creosotal were administered to the same dog in gelatine capsules. An hour and a half later there was a semi-fluid stool. One and a half pounds of mixed food (meat and rice) was then given to the animal. Three hours after the ingestion of the creosotal he vomited a part of this food. Part of the vomit he ate up again. Beyond a very transitory dullness and languor nothing abnormal could be noticed about the dog.

4. On November 13 a dog weighing 10 kilograms (22 pounds) was given 20 grams (five drachms) of creosotal in gelatine capsules. There occurred no change in his general condition.

5. On November 13 a dog weighing four and three-quarter kilograms (10 1-2 pounds) received four grams (one drachm) of liquid guaiacol in gelatine capsules. Immediately thereafter he drank some milk.

Thirty-five minutes after the ingestion of the first capsule there was uncertainty in the movements of the posterior portion of the body, and wobbling gait.

Forty minutes after the ingestion of the first capsule the animal fell repeatedly and got up again.

Forty-five minutes after the ingestion of the first capsule, vomiting of the milk, trembling, more especially of the limbs; deficient pupillary reaction.

One hour after the administration of the first capsule, repeated vomiting of milk, rattling breathing, watery flow from the mouth; cannot stand up.

An hour and a third after the administration of the first capsule, vomiting of milk and mucous; sensibility gone; mucous flow from the mouth.

Two hours after the ingestion of the first capsule, repeated attempts to get up, which are occasionally successful; dizziness and falling.

Two and one-third hours after the ingestion of the first capsule, lies quietly, subnormal temperature, very rapid pulse.

Three and two-thirds hours after the ingestion of the first capsule, lies motionless; breathing difficult, infrequent (eight to the minute), and sterorous.

In this condition the animal remained for three hours; then the breathing became still less, the animal got cold, and it died half an hour later (seven and one-sixth hours after the administration of the first capsule). The post-mortem revealed the presence of an acute gastro-enteritis (violent inflammation of the stomach and the first 40 centimeters—15 1-2 inches—of the small intestine, with swelling of the mucosa of the rest of the canal), and edema of the lungs in consequence of cardiac paralysis.

6. On November 10 the dog of 10 kilograms (22 pounds) weight, used in experiment No. 4, was given 20 grams (five drachms) of Guaiacol Carbonate in one-half kilogram (one and one-tenth pounds) of raw chopped meat. His general condition was not disturbed thereby in the slightest.

7. On November 13 the dog weighing nine and one-half kilograms (21 pounds) mentioned under No. 2, was given 25 grams (six and one-quarter drachms) of Guaiacol Carbonate in one-half kilogram (one and one-tenth pounds) of chopped meat. His condition remained normal.

The experiments fully confirm the accepted facts concerning the drugs in question. They prove that both creosote and guaiacol are poisonous and fatal in large doses, and that they are irritant and caustic. They also prove that Créosotal and Guaia-  
col Carbonate, even in large doses do not disturb the general health in the slightest.

#### HEADACHE.

M. Benedikt first refers to the different forms of pain as they affect various nerves. (1) Pains which appear and disappear suddenly, and are due to disease of nerve roots or their immediate prolongations into the central nervous system. (2) Pains which begin gradually and increase by exacerbations, and finally diminish. This is followed by an interval entirely or nearly free from pain.

This form is due to a lesion of the nerve plexus or the nerve trunk. (3) The pains are less variable, of more or less long duration, and due to lesions of the nerve termination. As regards the sensory nerves of the head, pains may be observed in the trigeminal and occipital nerves, and in the upper cervical plexus. Shooting pains may occur in the fifth nerve, but the pains more often present the characters belonging to the third group. Migraine is a peculiar form of headache. It is remarkable that pains may occur in local brain disease, and especially tumors, which have all the characters of those due to lesions of the meninges or bones. These pains have not an eccentric character, because they are not directly due to the focal lesion; that is, that the nerves apparently affected do not spring necessarily from the diseased portions of the brain. The author looks upon the view which would assign these pains to intracranial pressure as untenable. He says that every abnormal irritation within the brain has a corresponding area of irritation of the skull. He relates a case of a small tumor in the brain, in which the symptoms, and also the other morbid lesions found, could not have been due to intracranial pressure. In regard to treatment Benedikt looks upon the iodides as the most valuable remedies in neuralgia, and he thinks little of the many anodyne agents more or less recently introduced. Electrical treatment is the next most valuable method, and then points de feu. In the latter case the wounds are kept open by an irritating ointment. This cannot be done in trigeminal neuralgia, and the author looks upon the operative treatment as being the best, the success being due to the mechanical effect of tearing, etc., applied to the nerve. Bloodless stretching is also recommended in some other neuralgias. Anemia, syphilis, albuminuria, of course, require treatment. The author says that the electrical treatment of migraine is the best, and he even speaks of hypnosis here. Sodium iodide has a favorable action. The pains due to organic brain disease, and especially tumor, since they are not directly

focal symptoms, may be influenced by measures not necessarily addressed to the original disease. Hence the iodides and mercury may be useful in non-syphilitic cases. Points de feu may also be valuable. Benedikt thinks that any palliative results which may follow upon trephining are merely due to revulsion.

—Wiener Klinik, March, 1898.

#### WHEN MAY WOMEN WITH HEART DISEASE MARRY?

Kisch discusses this question. He does not agree with Peter's dictum: "Fille pas de mariage, femme pas de grossesse, mere pas d'allaitement." Every case, however, must be decided on its merits. The chief points to be considered are (1) the kind of heart disease, (2) its duration, (3) the presence or absence of compensation, (4) the general health, (5) the social position of the patient. (a) They may marry if the disease is not of long standing and compensation is good, and the general health not undermined. They will have during pregnancy, and still more during and for a time after delivery, many troubles due to their heart, but in by far the greater number of cases there will be no danger to life. This applies to well compensated mitral regurgitation and stenosis, aortic regurgitation, fairly marked sequelae of pericarditis, and to muscular degeneration if not too far advanced. The patients must also be in a position to spare themselves bodily exertion as much as possible during pregnancy, to avoid mental excitement, and to have constant medical supervision. (b) The prognosis is not so good if the patients are very anemic or nervous, or advanced in years, or if the valvular disease is congenital or acquired in childhood. In these cases the physician should advise against marriage, or at any rate point out that the disease will almost certainly become worse after marriage. (c) Marriage is to be absolutely forbidden as dangerous to life when compensation is failing or when there is advanced muscular degeneration. In all cases where there is dyspnea, palpitation and a

quickened pulse on slight exertion, or marked edema not disappearing after rest in bed, when there is a tendency to arrhythmia, scanty urine with albumen, and attacks with irregular small pulse, coldness of the extremities, nausea, dyspnea, syncope, etc., marriage is dangerous whether the cause of the symptoms be valvular disease, diseased arteries or cardiac muscles. Even those for whom marriage is allowable must follow certain rules strictly: (1.) Coitus must not be frequent, and must be continued to the end of the orgasm, otherwise reflex heart trouble and depression result. (2.) They must not have more than one or two children, as the strength of a diseased heart diminishes with every pregnancy in geometrical progression. If this rule is followed induction of premature labor will be luckily seldom necessary, since when it is the results are very unfavorable.

—*Therapeut. Monats.*, February, 1898.

#### THE TREATMENT OF PNEUMONIA.

De Renzi advises the frequent use of a mouth wash of sublimate solution (1 in 5000) or ac. salicylic (1 in 500) both as a prophylactic and as a germicide, killing the pneumococcus which is frequently found in the mouth. He dwells on the importance of fresh and pure air and on the necessity of feeding, relying chiefly on milk and eggs, broths having certain disadvantages. As to drugs, the only one recognized by him is alcohol (ethylic), which he is in the habit of giving to all his cases. Since the introduction of the anti-pneumonic serum (prepared by Pane) he has used it with very gratifying results. During the last three years he has used the serum in 32 cases (and in the earlier years only the severest cases were selected; in the last year all the cases (14) were treated with serum), with a mortality of 9 per cent, whereas in the previous years, with the ordinary treatment in vogue, the mortality was 24 per cent. No bad results have followed injection, and in one case as much as 200 c. cm. was injected in the course of 24 hours. The most

marked effect was the lowering of the temperature. Of the three fatal cases two were admitted almost moribund, and the third had serious concomitant disease.

—*Gaz. degli Osped. e delle Clin.*, Feb. 13, '98.

#### TRANSMISSION OF SYPHILIS TO THE THIRD GENERATION.

Buret discusses G. Ogilvie's recent paper on this subject (*British Journ. of Derm.*, October and November, 1897). He agrees that, although syphilis may exert a "dystrophic" influence on the third generation, proofs of transmission of the disease are, up to the present time, more or less vague, and are not supported by clinical evidence. Buret is of opinion that the children of hereditarily syphilitic parents may be feeble, puny and deformed, and less resistant to certain chronic affections; also that in such children retinitis, choroiditis, keratitis, caries and necrosis of bones are possible, but are due primarily to the congenital feebleness of the child, the syphilis of the forefathers only preparing the soil for such affections. But condylomata, etc., occurring in a robust child born of healthy parents cannot be put down to syphilis in one of the grandparents, but must be acquired. With regard to the question of reinfection by syphilis Buret believes that further indisputable clinical facts are required before this can be definitely accepted.

—*France Medicale*, February 4, 1897.

#### ROENTGEN RAYS AND BACTERIA.

Rieder first refers to the mostly negative results obtained by previous investigators. The apparatus used by him was an induction machine with a 30 cm. spark and a reliable interrupter. The distance of the cathode from the culture was generally 10 cm. A lead cover with an aperture in the middle was substituted for the glass cover of the Petri's dish, as glass absorbs the rays. (1) Agar tubes were inoculated with

cholera vibrios and poured out into two dishes. One dish was then exposed to the rays for 45 minutes, and then both were put into the warm oven. It was found that there was much less growth on the exposed plate. Two similar plates were taken and the one exposed was covered with lead as above described. In the part corresponding to the aperture there was practically no growth. The growth of the cholera colonies was almost entirely checked, only a few large colonies developing. With the B coil and an hour's exposure only a few colonies appeared. The same was true of the S. pyogenes aureus, even with a shorter exposure. With the S. pyogenes there were many fewer colonies in the exposed parts than in the periphery. Diphtheria bacilli inoculated upon serum showed only a few colonies in the exposed part. With anthrax and the typhoid bacillus hardly any colonies appeared, whereas in the periphery the typhoid bacillus grew luxuriantly. The author says that other bacteria can also be influenced in their growth. (2) Rieder has also investigated the action of the rays on already developed colonies. On a cholera plate no increase or diminution in the growth was observed in the exposed parts, but on reinoculation into fresh media the growth was normal. Thus no bactericidal action was obtained here. By exposing cholera bouillon, however, in thin layers to the action of the rays some result was obtained. In the case of the B coli further development of the colonies was interfered with. Experiments also indicated that the growth of the tubercle bacillus could be influenced by the rays. These results differ from those obtained by other observers. Thus the power of further development of bacteria outside the body in good nutrient media is fairly rapidly impaired by the Roentgen rays. The results were the same whether the aperture in the lead was covered by paper or not. The heat given out with the rays does not exercise a bactericidal action, nor is there any chemical alteration induced in the media. The author thinks that these experiments encourage further investigations with

the rays, not only upon animals, but also upon the human subject.

—Munch. med. Woch., January 25, 1898.

#### PAPILLOMATA OF BROAD LIGAMENT.

Delageniere dwells on the apparently hopeless character of papillomatous tumors of the broad ligament as far as operative relief is concerned. In two cases, however, he has successfully removed the whole papilloma down to the very last trace by first removing the uterus entire, so that the pelvic cellular tissue can be well opened up. The entire operation is performed from the abdominal side. After the peritoneal cavity has been opened the fundus is drawn well up by a volvella, the lower part separated from the bladder in front and from the vagina behind, and the lateral parts freed from their connections. By a circular cut the vagina is then set entirely free, and all the bleeding vessels secured. The papillomatous cyst now appears in the wide breach made in its broad ligament, which is opened up further, in the usual manner, to the brim of the pelvis, so that the cyst can be enucleated. After that has been done the peritoneum is sewn over the rent in the broad ligament, so as to reconstitute the pelvic floor, and Douglas' pouch is drained.

—Ann. de Gynec. et d'Obstet., Dec., 1897.

#### CAESAREAN SECTION; UTERO-VAGINAL FISTULA.

Savor states that in August, 1897, a woman aged 34 was admitted in Chrobak's wards in her second pregnancy. The pelvis was much deformed, and in 1892 Schauta performed Caesarean section; the child lived only three weeks. The uterine wound was closed with silk sutures. Convalescence was rapid. Early in January, 1897, the second pregnancy began. By the middle of June the patient quickened. She was very thin, sickly and rachitic. In August she began to feel very ill. The urine was albuminous and ammoniacal. In hospital she was feverish and there was dyspnea with bronchitis.

On August 28 she was much exhausted. As she could not be delivered at term per *viias naturales* and was too ill to tolerate abdominal section, Chrobak used Hegar's dilator and ruptured the membranes when the cervix was sufficiently wide. The waters, very abundant, escaped, giving relief to the pulmonary symptoms, but spontaneous delivery did not take place until two days later. Very little blood was lost, but the patient died an hour and a half after delivery from fatal syncope as she tried to sit upright. The urine during labor was bloody. At the necropsy the bladder was found dragged upward by a strong adhesion to the front of the uterus. It contained a phosphatic calculus one inch and a half in its longest diameter. A small fistulous tract made a communication between the uterine and vesical cavities. It is remarkable that the decidua lined the track up to the vesical mucous membrane. Hence it must have existed before the pregnancy; the decidua developed along it, and it opened at its uterine end on the area to which the placenta had been attached. After convalescence from Schauta's operation there were no signs of a utero-vesical fistula. But a silk thread formed the nucleus of the calculus. The bladder had not been touched at the operation; one of the lower silk sutures must therefore have worked its way into the vesical cavity, leaving a tract. During pregnancy septic infection of the uterus occurred.

—Centralbl. f. Gynak, No. 49, 1897.

#### DRY GANGRENE OF FETAL LEG.

Stoltz describes a remarkable case of twin labor where one twin was flattened and macerated, whilst the other had gangrene of the leg from constriction. The mother was 18, and had already borne a child to term. She was in very good health. The first twin presented in the second vortex position at the labor, which took place in the twenty-sixth week of pregnancy; it was living and weighed but one pound and four ounces, measuring not quite a foot;

it lived 65 hours. The macerated fetus was delivered 20 minutes later; it was under 10 inches in length. There was a common placenta. The right leg of the first fetus showed a deep circular constriction under the patella. The part below was peg-shaped, ending in a point of skin, through which the lower extremities of the tibia and fibula projected, with polished ends. The foot, well formed, turned inward behind the bones. The skin over the undeveloped part of the leg was livid at birth and rather lax. Though the infant lived but 65 hours, all the more prominent symptoms of dry gangrene (which had evidently set in before birth) became well established. The lax integuments shrank more and more, and grew black and dry, whilst the child was still breathing. The epiphyses were quite loose. Had the fetus remained to term in utero the leg would probably have undergone complete spontaneous separation, or have been so atrophied at birth as to retain its vitality with a very small blood supply. As it happened, some unknown cause disturbed the pregnancy, the increased circulation through labor laid stress on the obstructed vessels of the constricted limb, which was still enough developed to require more nutrition than it could get, and the little it received proved quite inadequate after birth. The original cause of constriction must have been an amniotic bando; the umbilical cord had not coiled round any part of the child's body.

—Wien klin. Woch., January 6, 1898.

#### THE TREATMENT OF WHOOPING COUGH.

Marfan points out the two leading features in the prognosis of whooping cough; first, the number of attacks of coughing; secondly, the supervention of broncho-pneumonia; the former giving rise to various hemorrhages, epistaxis, meningeal, cerebral and otherwise, as well as various mechanical effects on the lungs, the second causing serious change in the lung tissue and constitutional effects. This complication may be immediately ascertained

by the presence of temperature as the spasmodic condition is afebrile. From this it may be gathered that the therapeusis of whooping cough may be divided into, first, the treatment of the spasmodic condition; secondly, pneumonic. For the first the writer particularly makes use of three remedies—belladonna, antipyrin and bromoform, the dosage varying with the age of the patient. In the case of belladonna the quantity should be increased daily until the severity of the spasmodic attacks is reduced. Unfortunately it not infrequently happens that the physiological effects of the drug manifest themselves before the cough shows any diminution. This is the great drawback to this drug. Antipyrin is administered with syrup of orange. Like the former, the dose may be increased daily till the maximum is reached. Its effects are often extremely good, but the objection to its use is that should there be any symptom of broncho-pneumonia it must be stopped, as its depressing action may be conducive to dangerous symptoms. Bromoform, the writer thinks, is likely to replace both of these drugs. As it is soluble only in alcohol and glycerine, its administration is sometimes a little difficult, but Marfan prescribed it with an emulsion of almond oil and mucilage, flavored with orange. The child may get up to three drops if about six months old, eight drops when 2 years old, and when over 5 years of age from 20 to 30. The first symptom of intolerance is drowsiness, and, as this requires large doses, it follows that the drug is not dangerous when used with ordinary precaution. One important point is that during the first stage of its administration the attacks of whooping cough may be slightly more marked, after which they subside. Another point worthy of note is that bromoform has no injurious action on the broncho-pneumonia. It is difficult to know if this drug has any power to shorten the duration of the disease, and the writer, from his observations, is inclined to think that it does so. As to the broncho-pneumonia, Marfan states that it is much more liable when there is rhinitis

or lesion of the buccal mucous membrane, and that it is important that all cases complicated by broncho-pneumonia should be separated from others. The treatment is the same as in any other case, but the anti-spasmodic treatment should be continued, for the author denies that, as stated by some, broncho-pneumonia arising in the course of whooping cough, has any beneficial effect on the disease. As to the management of the case, Marfan has come round to the opinion that cases of whooping cough should not be allowed out, as they do better, especially in towns, by remaining absolutely indoors, but it is advantageous to change the case into a different room for the night. So soon as the whooping character of the cough has disappeared the author recommends change of air, especially to the seaside, as the patient usually has some cough which may last for a considerable time. The duration of the contagiousness extends over the whole period of spasmodic cough, though some consider that it is only the invasion period that is dangerous.

*Journ. de Med., March 10, 1898.*

#### THERAPEUTIC USE OF EXTREME COLD.

Letulle and Ribard, at the Médicale des Hôpitaux, of Paris, described their method of the local application of extreme cold ("kryotherapy") to overcome anorexia of phthisis. Their plan is to apply during about half an hour every morning a bag containing about two kilogrammes of carbonic acid gas, to the epigastric and hepatic regions. The skin is protected by a thick layer of cotton wool, and maintains a temperature of about 25 degrees C. A second application precedes the evening meal. The temperature of solid carbonic acid is about 80 degrees C. Pictet, who first experimented on men and dogs with extremely low temperatures, thought that for temperatures below 60 degrees C. the diathermancy of even bad conductors of heat is so much increased that the rays traverse them like light passes through glass. Pictet, of Paris, and Chassat and Cordes, of Geneva,

treated cases by the cold of their "frigoric pits." Letulle and Ribard prefer the above-mentioned method, and think that some organs, such as the liver, are cooled more than others by the cold. The organism has to resist the cooling process, and the result is an increase of nutritive changes, a burning up of old materials, an absorption of new materials and an increase of appetite corresponding to the increased digestive vigor.

—*Presse Med.*, March 19, 1898.

#### NAVY CHANGES.

Changes in the Medical Corps of the United States Navy for the Week Ending April 16, 1898.

Bureau of Medicine and Surgery, Washington, D. C.

April 9—Passed Assistant Surgeon L. L. Von Wedekind detached from the Naval Academy and ordered at once to the Minneapolis.

Passed Assistant Surgeon L. L. Spratling detached from the Naval Hospital, Philadelphia, Pa., and ordered at once to the Columbia.

Assistant Surgeon H. H. Haas detached from the Vermont and ordered at once to the Texas.

Assistant Surgeon R. V. Armstrong commissioned assistant surgeon from April 5.

Assistant Surgeon W. H. Bucher commissioned assistant surgeon from April 5.

April 12.—Medical Inspector D. Dickerson ordered to Marine Headquarters, Washington, D. C.

Surgeon D. N. Bertolette detached from the Marine Headquarters, Washington, D. C., and ordered to the Vermont.

Surgeon W. H. Rush ordered to the Dixie at once.

Surgeon J. M. Edgar detached from the Vermont and ordered to the Prairie.

Passed Assistant Surgeon J. M. Pickrell detached from the hospital, Washington, D. C., and ordered to the Yosemite.

Passed Assistant Surgeon A. M. D. McCormick detached from the Naval Academy and ordered to the Yankee.

Passed Assistant Surgeon M. R. Pigott ordered to the Naval Academy at once.

April 13—Surgeon L. G. Henneberger ordered to the Bureau of Medicine and Surgery.

April 15—Medical Inspector M. C. Drennan detached from the New York and ordered home to wait orders.

Medical Inspector C. U. Gravatt detached from the San Francisco and ordered at once to the New York as fleet surgeon.

Surgeon A. C. H. Russell detached from the Naval Museum of Hygiene and ordered to the San Francisco at once.

Surgeon F. J. R. Cardeiro detached from the Michigan and ordered to the New Orleans at once.

Assistant Surgeon W. H. Bucher ordered to the Vermont temporarily.

Assistant Surgeon M. V. Armstrong ordered to the Scorpion.

